ANDREW P. RAIA, TOWN CLERK - TOWN OF HUNTINGTON 100 MAIN ST., HUNTINGTON NY 11743-6991

ID Provided:

(631) 351-3206; FAX (631) 351-3205 araia@huntingtonny.gov

MAIL/CREDIT CARD APPLICATION FOR CERTIFICATION OF BIRTH, DEATH AND/OR MARRIAGE (See second page for telephone/telefax requests with use of Credit Card ONLY)

FEE: \$10.00 ea. check or money order made payable to ANDREW P. RAIA, TOWN CLERK. You will be charged a \$20.00 penalty in addition to the appropriate document fee for any check returned unpaid. NO-RECORD CERTIFICATION: Will be issued at a fee of \$10.00 if, upon searching, the desired record cannot be located. No Fee for birth or death record needed for Kindergarten school entrance, employment certification (working papers) or for certain purposes of public relief, government compensation or VA death benefits.

PLEASE ENCLOSE A SELF-ADDRESSED, STAMPED, RETURN ENVELOPE WITH **PHOTOCOPY OF ACCEPTABLE** *IDENTIFICATION (Driver License, Non-driver ID, Passport, Naturalization Papers, Military ID, Employer's Photo ID, Two current utility bills showing applicant's name and address, Police Report of Lost or Stolen ID). <u>Individuals who have had a name change must provide documents to link all names.</u>

*BIRTH CERTIFICATE: Issued only to person named on record if 18 years or older, parent, or other lawful representative and to no one else except by court order. Full Name of Person at Birth Date of Birth_____ Father's Full Name Mother's Full Maiden Name_____ Purpose for which No. of record is required: Relationship to person on record requested: *DEATH CERTIFICATE: Issued to spouse, children, siblings or parents of deceased or other lawful representative with medical or legal documentation. Name of Deceased _____Date of Death_____ No. of photocopies requested with AND/OR without confidential cause of death Relationship to person Purpose for which record is required: ______ on record requested: _____ *MARRIAGE CERTIFICATE: By law, marriage records are issued only to bride, groom, to individuals demonstrating documented judicial/other proper purpose (attorneys) or NYS court order. Spouse's Full Name (Birth or other) Spouse's Full Name (Birth or other) at time of application for license Date and Location of Marriage___ Purpose for which record is required: _______ No. of copies:____ I HEREBY STATE THAT THE INFORMATION SUPPLIED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, AND THAT THE SIGNATURE ON THIS APPLICATION IS MY OWN. PRINTED NAME OF APPLICANT_____ SIGNATURE OF APPLICANT_____ ADDRESS OF APPLICANT_____ PHONE #: **OFFICE USE ONLY:**

Vital Rec.Form No. Receipt No. Clerk ID

VITAL CHECK NETWORK, INC. CREDIT CARD TRANSACTIONS OVER THE TELEPHONE/TELEFAX

will appear on your credi directly to the VitalChek	t card account statement; charges Network, Inc. These charges are	s for UPS delivery will also be reflected and paid by the credit card company re not received by the Town of Huntington.
VISA, MASTERCARD	, DISCOVER	
EXPIRATION DATE (ON CARD:	N CARD: N CARD:
ACCOUNT MEMBER	'S NAME ON CARD:	
**MAILING ADDRES	S:	
-		
DAYTIME TELEPHO	NE NO.:	
Please indicate below ho	ow you wish your record to be re	turned to you:
REGULAR MAIL		
UPS (Add'l fee):	\$15.50 (Nex	t Day Air Saver, Business days only)
If UPS please indicate	Signature required	No Signature Required
***NOTE TO CLERK	recite disclaimer to applicant	
FOR OFFICE USE ON		
DATE MAILED:	BY WHOM:	:

TCVR REV. 08/22